32429

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02415

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Levi (Middle) A. (Last) Barnes

4. DATE OF DEATH: (Month) Mar. (Day) 20, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Mar. 13, 1905
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months 0 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Broomes Island, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William M. Barnes
14. MOTHER'S MAIDEN NAME: Nellie Monnett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 218-12-9113
17. INFORMANT & ADDRESS: Mrs Elizabeth Barnes - Broomes Island, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertrophic heart condition

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to 3-20, 1954, that I last saw the deceased alive on 3-20, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD — ADDRESS [signature] DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 23, 1954
NAME OF CEMETERY OR CREMATORY Broomes Island Cem.
LOCATION (City, town, or county) (State) Broomes Island, Md.

DATE REC'D BY LOCAL REGISTRAR 3-22-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1954
BUREAU V. S.

2430

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02416

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY Calvert MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tusby X

STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) F. (Last) Chambers

4. DATE OF DEATH: (Month) Mar (Day) 6, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: April 14, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 10 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of ~~work~~ done during most of working life, even if retired): Retired Employee

10b. KIND OF BUSINESS OR INDUSTRY: Health Dept

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George F. Chambers

14. MOTHER'S MAIDEN NAME: Nanie Elizabeth Sollers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Dorothy Chambers - Tusby, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Hypertension cvd

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1954, to 3-6, 1954, that I last saw the deceased alive on 3-6, 1954 and that death occurred at 12:10 a from the causes and on the date stated above.

SIGNATURE R. de Villaverde (Degree or title) MD ADDRESS St Leonard DATE SIGNED March 6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar. 8, 1954

NAME OF CEMETERY OR CREMATORY Solomons Catholic Cem.

LOCATION (City, town, or county) (State) Solomons — Md

DATE REC'D BY LOCAL REGISTRAR 3/8/54

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

RECEIVED
MAR 10 1954
BUREAU V. S.

M 2431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02417

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Prince Frederick, Md.; LENGTH OF STAY (in this place) 7wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick 6 yrs.; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) P. (Last) Dawson, Jr.

4. DATE OF DEATH: (Month) Mar. (Day) 15 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: May 28, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Methodist

10b. KIND OF BUSINESS OR INDUSTRY: Minister

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse P. Dawson, Sr.

14. MOTHER'S MAIDEN NAME: Barbara C. Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No.

17. INFORMANT & ADDRESS: Mrs. Blanche A. Dawson, Prince Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid — Interval Between Onset And Death: 7 months

153X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/53, to 3/15/54, that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Dye Nott (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Mar. 18 1954; NAME OF CEMETERY OR CREMATORY Cokesbury Memorial Gardens; LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-17-54; REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR C. A. Harkins Funeral Home, Mutual, Md. ADDRESS

VS. A15

RECEIVED
MAR 19 1934
BUREAU V. S.

2432

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02418

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Linwood (Middle) Roy (Last) German

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH: 11/9/83
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Plans
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Council German, North Beach md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary embolism — Interval Between Onset And Death: 1 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Drop dead while preparing for bed

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) House (CITY OR TOWN) N. Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 3 (Day) 28 (Year) 54 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.40 pm, from the causes and on the date stated above.

SIGNATURE Howard D McE (Degree or title) ADDRESS DATE SIGNED 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/31/54
NAME OF CEMETERY OR CREMATORY Mt Harmony
LOCATION (City, town, or county) Mr Owings (State) md

DATE REC'D BY LOCAL REGISTRAR Mar. 30, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings md

RECEIVED
APR 5 19
BUREAU V. S.

2433

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02419

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick — LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Graham

4. DATE OF DEATH: (Month) (Day) (Year) March 29 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 29, 1954

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months, Days, Hours 6, Min. 10 — IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntingtown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Graham

14. MOTHER'S MAIDEN NAME: Hattie Reid

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clarence Graham. Huntingtown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Premature.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1954, to 3/28, 1954, that I last saw the deceased alive on 3/28, 1954, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE J. A. Weems. (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 4/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-29-54 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) Lusby (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-28-54 | REGISTRAR'S SIGNATURE H. W. Ward | **24.** FUNERAL DIRECTOR Clarence Gralton. ADDRESS Huntingtown Md.

VS. A15

2034294240

RECEIVED
APR 1 1934
BUREAU V. S.

2434

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02420

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) Barstow, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Gross

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: March 9, 1954
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: George Gross
14. MOTHER'S MAIDEN NAME: Mary Kyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mother - Mary Gross - Barstow, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

Immediate cause (a) Premature

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9 1954 to 3/9 1954, that I last saw the deceased alive on 3/9 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. D. Williams M.D. ADDRESS S. Lemon DATE SIGNED 3/10

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 3-10-54
DATE THEREOF 3-10-54
NAME OF CEMETERY OR CREMATORY Carroll's
LOCATION (City, town, or county) (State) Barstow, Md

DATE REC'D BY LOCAL REGISTRAR 3-10-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR George Gross - ADDRESS Barstow, Md

2034309260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
BUREAU V. S.

2435

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02421

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) (Last) Heigh

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 7-12-1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W Chase
14. MOTHER'S MAIDEN NAME: Minnie Mackall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-22-4136
17. INFORMANT & ADDRESS: Dan Heigh Sunderland Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

441X

Immediate cause (a) Heart failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant Hypertension c.od

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to 3-13, 1954, that I last saw the deceased alive on 3-13, 1954, and that death occurred at 11, P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) R Williams S M D ADDRESS St Leonard DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-17-54 NAME OF CEMETERY OR CREMATORY Youngs Chapel LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-16-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P E Sewell Prince Fred, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V 5

2436

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02422

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Langston

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: C
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 28, '27
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank x Langston
14. MOTHER'S MAIDEN NAME: Lena Coats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Lena Coats Sunderland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Pulmonary Tbc
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 1952

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/16, 1954 that I last saw the deceased alive on , 19 , and that death occurred at 11 PM from the causes and on the date stated above.
SIGNATURE Fryl Gett (Degree or title) ADDRESS Prince Frederick DATE SIGNED 3/17/54

23. (BURIAL) CREMATION REMOVAL (Specify) DATE THEREOF 3-20-54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-18-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred, Md

RECEIVED
MAR
BUREAU V. S.

2437

02423

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willows Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willows Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) J. (Last) NICHOLS

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug 29, 1878

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Seymour Bunyeau

14. MOTHER'S MAIDEN NAME Sarah Squire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Lois N. Chavez -- Willows Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Hypertensive cardio-vascular rural disease.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1953, to 3/3, 1954, that I last saw the deceased alive on 3/3, 1954, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE H. Weems (Degree or title) Mr. ADDRESS Huntingtown Md DATE SIGNED 3/3/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March 5, 1954

NAME OF CEMETERY OR CREMATORY Rock Creek

LOCATION (City, town, or county) (State) Wash, D.C.

DATE REC'D BY LOCAL REG. Mar. 3, 1954

REGISTRAR'S SIGNATURE Grace L Hutchins

24. FUNERAL DIRECTOR Lee Funeral Home -- ADDRESS Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1954
BUREAU V. S.

2438

02424

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dare Beach
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dare Beach Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) N. (Last) Peterson

4. DATE OF DEATH: (Month) Mar. (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug. 18 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 7 Days 7 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Pattern Maker

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Rockford, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Peterson ?

14. MOTHER'S MAIDEN NAME: Hilma Lindstrom Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Katherine Peterson Dare Beach, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Carcinoma of Kidney,

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1, 1953 (Specify)

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Kidney

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

CITY OR TOWN (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1953 to 3/26, 1954, that I last saw the deceased alive on 3/25, 1954 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE and (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 30 1954 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem. — LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 3-29-54 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR — ADDRESS G. A. Harmon & Son, Mutual, Md.

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Film#G164 Item# 13,14 4/22/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02425

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Solvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.E.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville, Maryland
STREET ADDRESS (If rural give location) 16X-21

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) (Last) Powers

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH:

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Howard Butcher

14. MOTHER'S MAIDEN NAME: Evaline Minnick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 X

Immediate cause (a) Ca. of Lung

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to March 27, 1954, that I last saw the deceased alive on 3-29, 1954, and that death occurred at 5.30 a.m., from the causes and on the date stated above.

SIGNATURE Ed Williams (Degree or title) M.D. ADDRESS S Shenandoah DATE SIGNED 3/29/54

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 3-29-54 NAME OF CEMETERY OR CREMATORY Lee's Crematorium LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 3-29-54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

2440

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02426

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland
STREET ADDRESS (If rural give location) Prince Frederick Md

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Riggs

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): P | 8. DATE OF BIRTH: | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Tenant | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Tray | 14. MOTHER'S MAIDEN NAME: Margaret Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Roland Riggs Paris Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 14 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 730 A, from the causes and on the date stated above.

SIGNATURE H W Ward (Degree or title) Dr. | ADDRESS Prince Fred | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE TREATED 3-3-54 | NAME OF CEMETERY OR CREMATORY Mt Hope | LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-3-54 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR P. E. Sewell Prince Fred, Md. ADDRESS

RECEIVED
MAR 5
BUREAU V. S

M
2441

02427

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Costers
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Miller (Middle) J. (Last) Stuppleheen
4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 19 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Feb. 4, 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Self employed
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hudson, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Stuppleheen
14. MOTHER'S MAIDEN NAME: Adela Pulver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No: 427-03-6852
17. INFORMANT & ADDRESS: Mrs Miller J. Stuppleheen - Costers, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1954, to Mar. 1954, that I last saw the deceased alive on March 9, 1954, and that death occurred at 3:30 am, from the causes and on the date stated above.
SIGNATURE Jay C. Gott (Degree or title) ADDRESS Prince Frederick DATE SIGNED 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 11, 1954
NAME OF CEMETERY OR CREMATORY Cedar Park Cemetery
LOCATION (City, town, or county) (State) Hudson - N. Y.
DATE REC'D BY LOCAL REGISTRAR 3-10-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1934
BUREAU V. S.

2442

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02428

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Ellen (Last) Thomas

4. DATE OF DEATH: (Month) Mar. (Day) 10 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: June 8 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sewell Davis Waters

14. MOTHER'S MAIDEN NAME: Ellen Elizabeth Monnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs. James Ross - Island Creek Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 1707 — Coronary occlusion —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arterio sclerosis
DUE TO (c) Carcinoma of breast.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5 ,19 54 , to 3-10 , 19 54 , that I last saw the deceased alive on 3-10 , 19 54 , and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) R.D. Williams M.D — ADDRESS St Leonard — DATE SIGNED 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 12 1954 — NAME OF CEMETERY OR CREMATORY Waters Memorial — LOCATION (City, town, or county) Island Creek (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-11-54 — REGISTRAR'S SIGNATURE N.W. Ward

24. FUNERAL DIRECTOR C.A. Harkins Funeral Home — ADDRESS Mutual, Md.

RECEIVED
MAR. 15 1954
BUREAU V. S.

2443

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02429

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chas. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chas. Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: George Middle: ~~Bell~~ Last: Warner

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH: July 31, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edwin Forrest

14. MOTHER'S MAIDEN NAME: Mary Dulaud

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-14-6683

17. INFORMANT'S ADDRESS: Mr. Mary E. Durall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Acute dilatation of Heart — Interval Between Onset And Death: 30 m

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic nephritis — 5 yr

DUE TO

(c) Arteriosclerosis — 10 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1953 to Mar 29, 1954, that I last saw the deceased alive on 3/29/54, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3/29/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Washington D C
ADDRESS

DATE REC'D BY LOCAL REGISTRAR Mar. 29, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Martin W. Hysong Co. 1300 - N St. N.W. Washington, D.C.

VS. A15

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